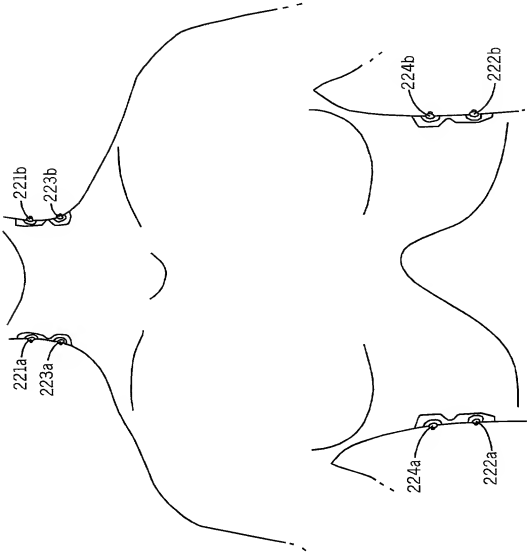


FIG. 1

FIG. 2



3 / 21

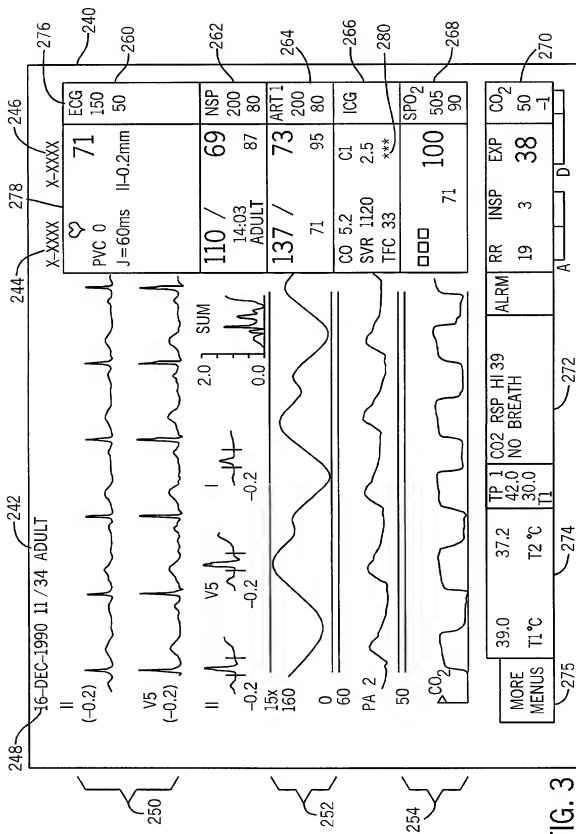
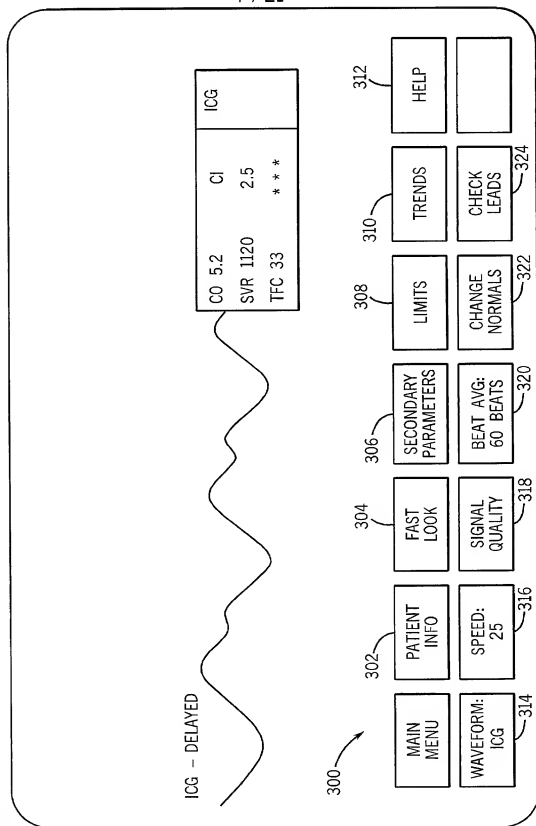


FIG. 3

4 / 21

FIG. 4



5 / 21

FIG. 5

ICG PATIENT INFO

> RETURN

HEIGHT (REQUIRED):

WEIGHT (REQUIRED):

AGE (REQUIRED):

SEX (REQUIRED):

MAP SOURCE: ARTERIAL LINE

ENTER CVP VALUE: (STARTING VALUE 8)

USE INVASIVE CVP VALUE: (YES /NO)

(CVP VALUE REQUIRED FOR SVR)

ENTER PAW VALUE: (STARTING VALUE 14)

USE INVASIVE PAW VALUE: (YES /NO)

(PAW VALUE REQUIRED FOR LCI AND LVSWI)

HEMOGLOBIN: (STARTING VALUE OF 12)

(Hb VALUE AND SpO2 REQUIRED FOR eDO2I)

CO X	CI	ICG
SVR X	X	
TFC X	* * *	

MAIN MENU

PREVIOUS MENU

PATIENT INFO

HEIGHT: CM

WEIGHT: KG

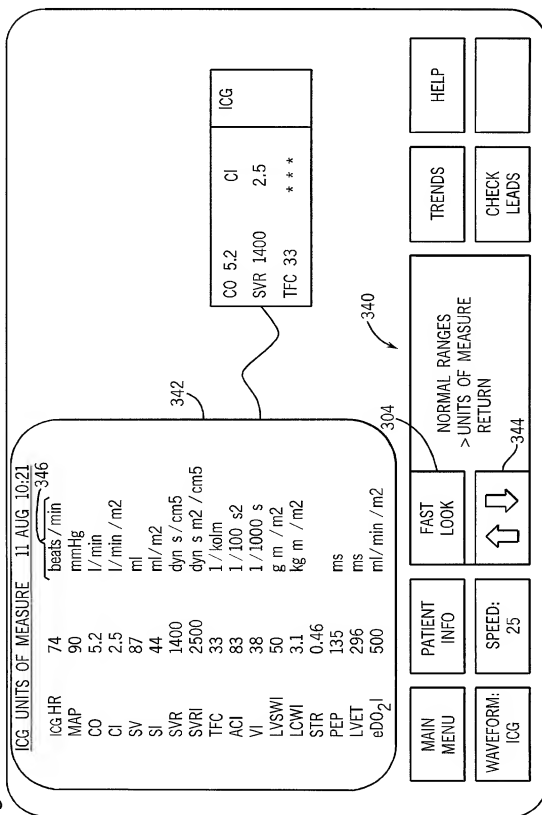
302

↑ ↓

330

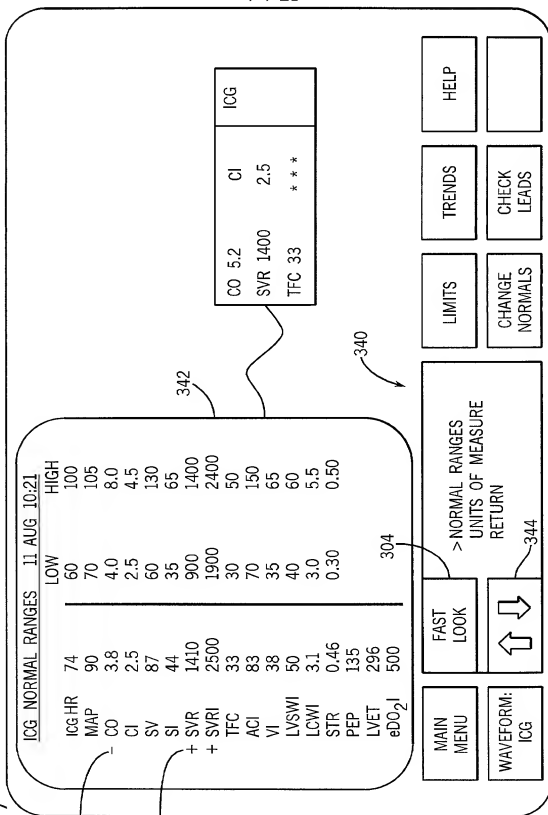
6 / 21

FIG. 6



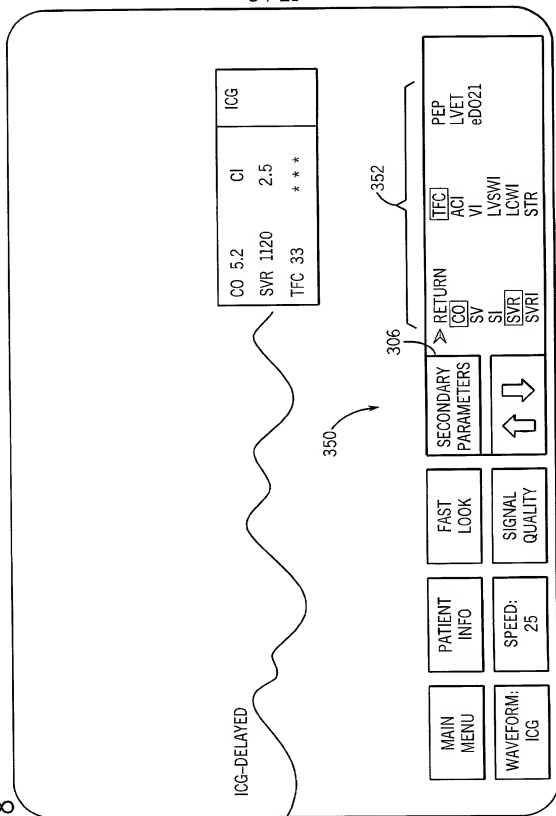
7 / 21

FIG. 7



8 / 21

FIG. 8



9 / 21

FIG. 9

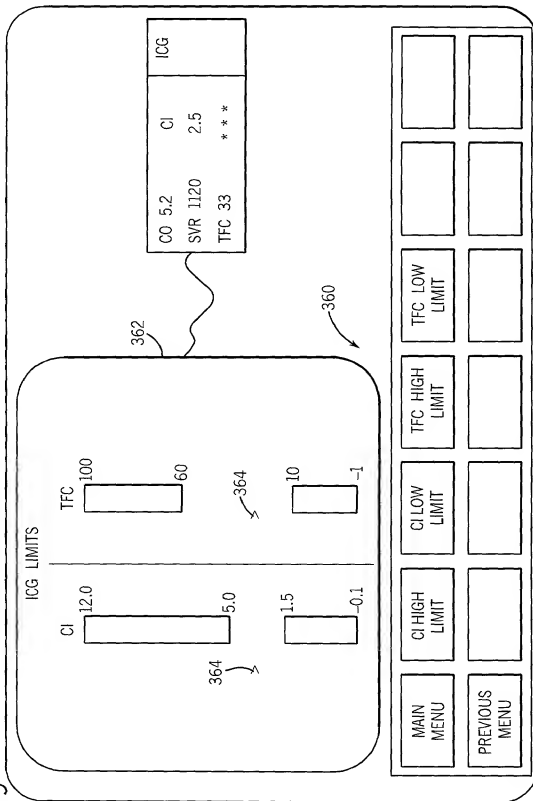
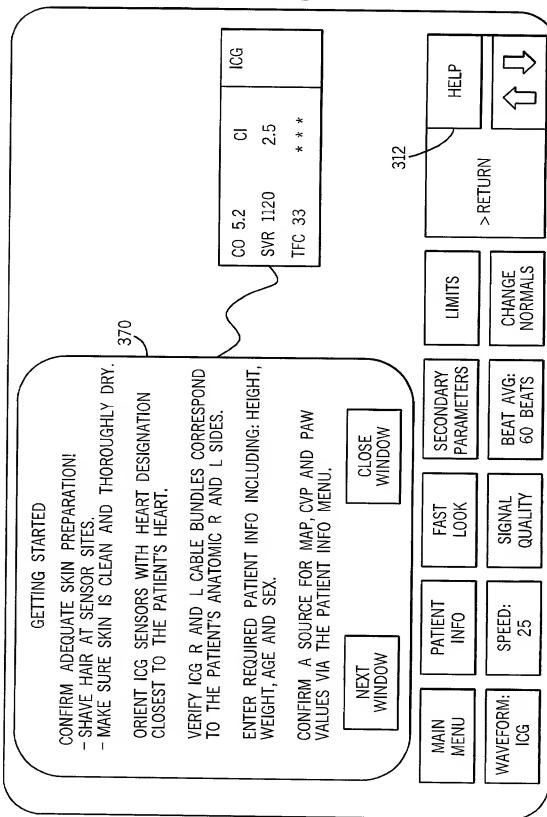
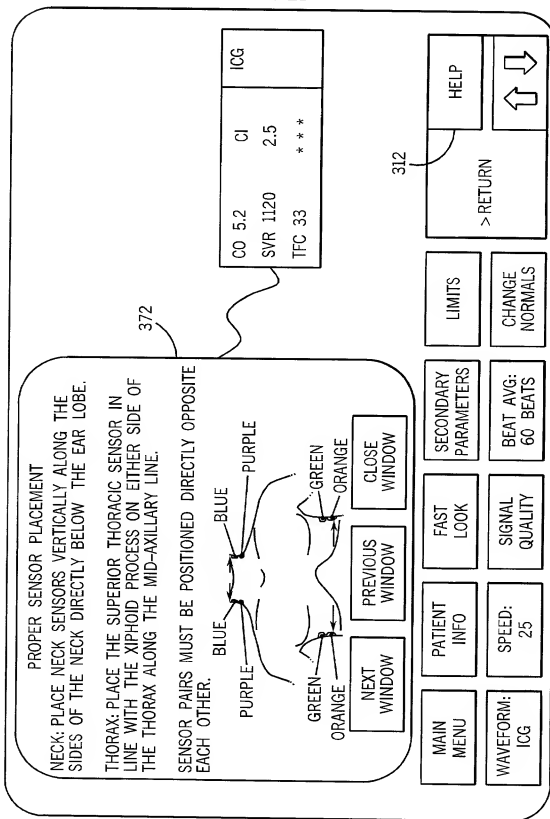


FIG. 10



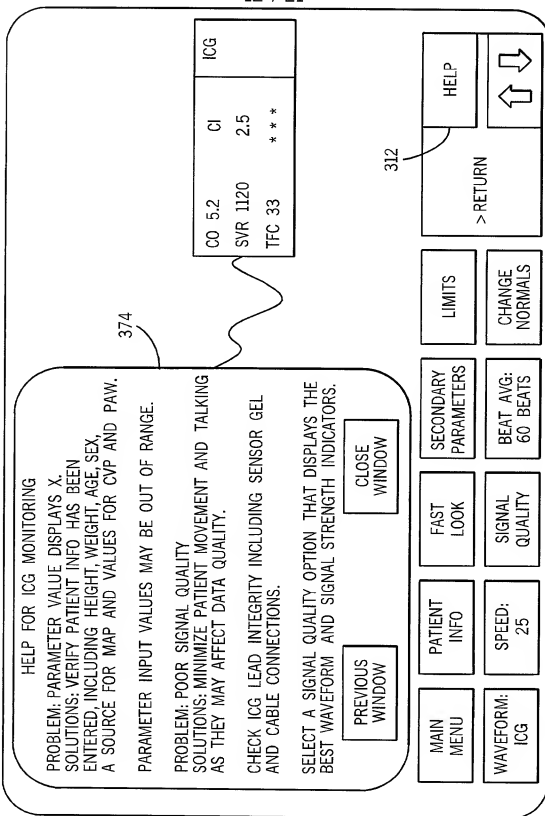
11 / 21

FIG. 11



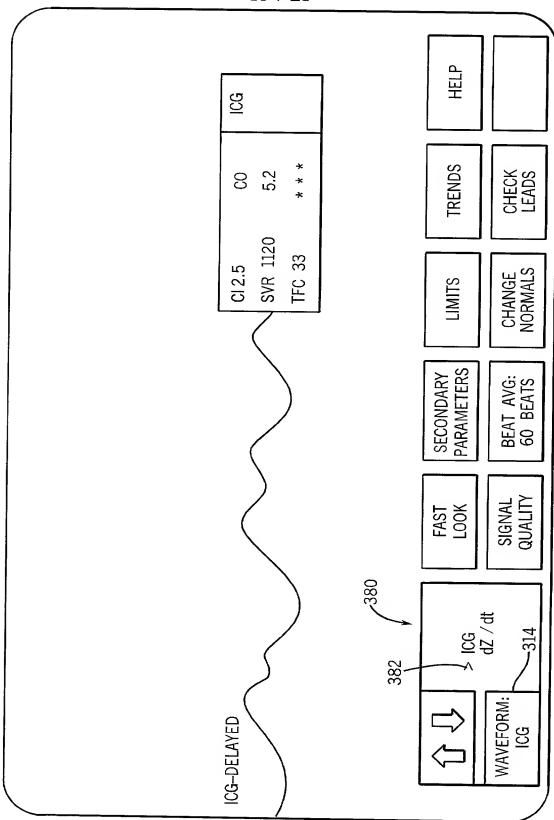
12 / 21

FIG. 12



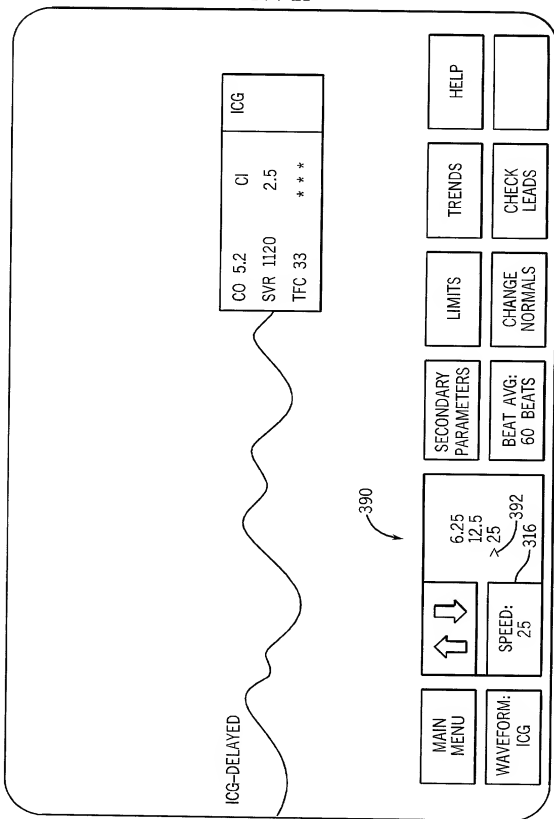
13 / 21

FIG. 13



14 / 21

FIG. 14



15 / 21

FIG. 15

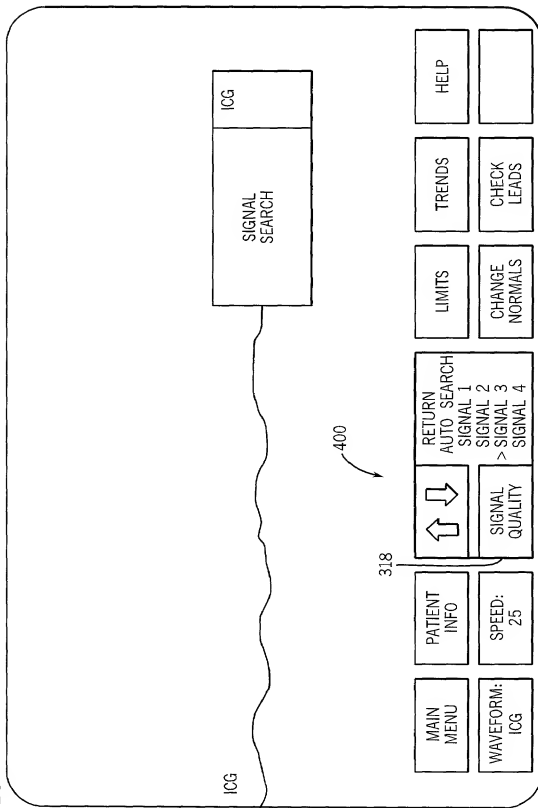
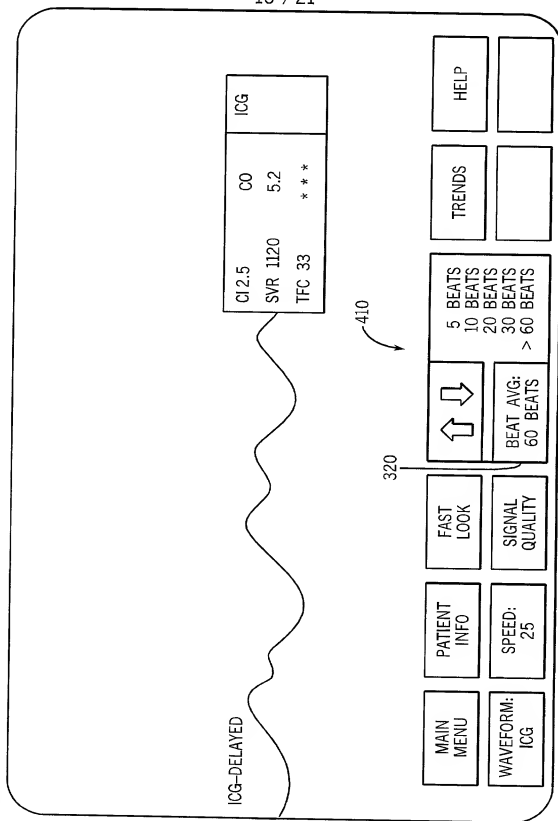
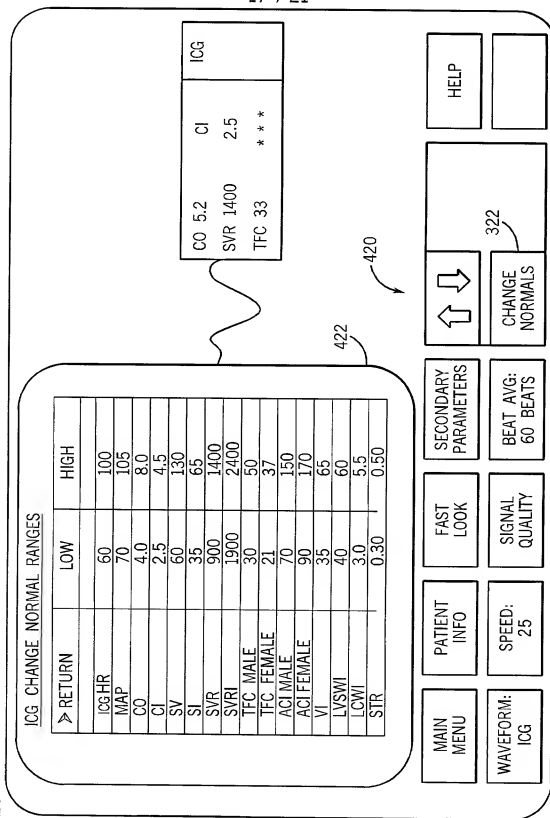


FIG. 16



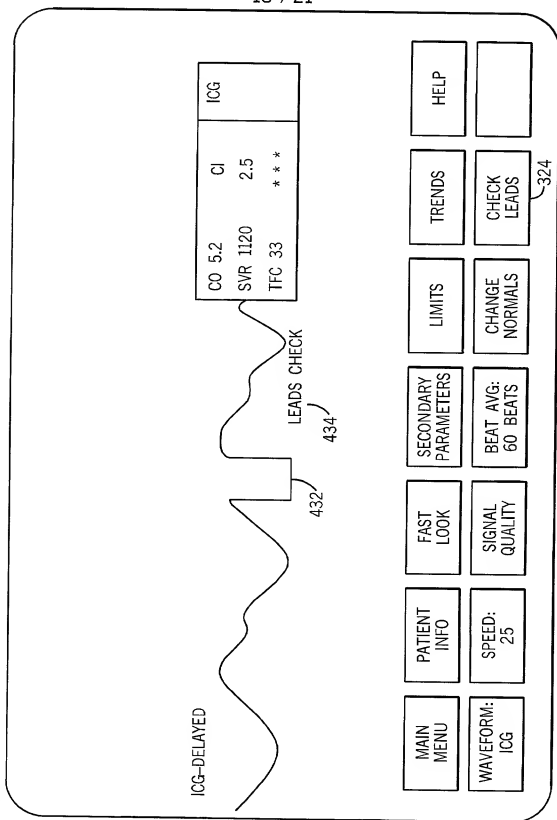
17 / 21

FIG. 17



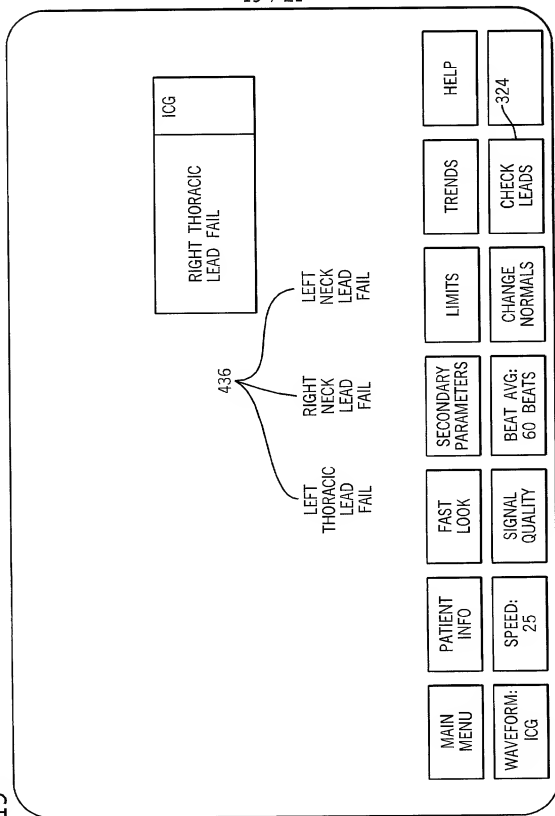
18 / 21

FIG. 18



19 / 21

FIG. 19



20 / 21

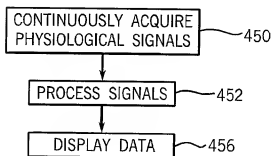


FIG. 20A

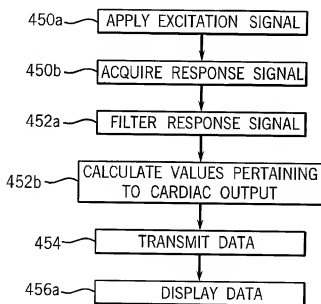


FIG. 20B

21 / 21

